ISSUE SLIP STAPLE AREA (for additional cross references) ID NO. DATE **POSITION** INITIALS FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW **RESPONSE FORMALITY REVIEW INDEX OF CLAIMS** ..... Rejected ..... Interference ..... Allowed ..... Appeal (Through numeral)... Canceled .....Objected ...... Restricted Claim Date Claim Date Date Claim Final Original Final Original BEST AVAILABLE COPY If more than 150 claims or 10 actions staple additional sheet here (LEFT INSIDE)